

ISSUE SLIP START AREA (for additional performance)

POSITION	INITIALS	ID NO.	DATE
PER DETERMINATION			
C.A.P.E. CLASSIFIER			
PERFORMANCE REVIEW			

INDEX OF CLAIMS

☐ Deleted
☐ Added
☐ (Through claimant) Cancelled
☐ Suspended
☐ Non-Occurrence
☐ Indemnity
☐ Appeal
☐ Other

Claim	Date	Claim	Date	Claim	Date
1		1		1	
2		2		2	
3		3		3	
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100		100		100	

If more than 150 claims or 10 actions
 start additional sheet here

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